NITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	Confirmation No. 7453
Gary K. Michelson)	
Serial No.: 09/457,228)	Group Art Unit: 3738
Filed: December 8, 1999)	Examiner: B. Snow
For: SPINAL IMPLANT SURFACE)	
CONFIGURATION)	

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

CERTIFICATE OF MAILING VIA U.S. EXPRESS MAIL

Express Mail Mailing Label No. ER521775141US Date of Deposit: March 1, 2004

I hereby certify that:

- 1. Transmittal form (in duplicate)
- 2. Amendment with 3 sheets of annotated drawings and 9 sheets of replacement drawings
- 3. Terminal Disclaimer
- 4. Check in the amount of \$220.00 (\$110 one-month extension fee and \$110 Terminal Disclaimer fee)
- 5. Self-addressed return postcard receipt

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service with sufficient postage under 37 C.F.R. § 1.10 on the date indicated above and are addressed to:

> Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Date: March 1, 2004

1557 Lake O'Pines Street, NE

Hartville, Ohio 44632

Telephone: 330-877-0700 Facsimile: 330-877-2030

FORM PTO-1083



Attorney Docket No.: 101.0084-00000

Customer No. 22882

Express Mail Label No. ER521775141US

ED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson, M.D. Serial No: 09/457,228

Filed: December 8, 1999

SPINAL IMPLANT SURFACE For:

CONFIGURATION

Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Confirmation No. 7453

Art Unit:

3738

Examiner: B. Snow



Dear Sir:

Transmitted herewith is a reply to the Office Action dated November 26, 2003 in the above-identified application.

- No additional fee is required.
- Applicant hereby requests a one-month extension of time to respond to the above office action. \boxtimes
- M A Terminal Disclaimer is enclosed.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	176	-	233	**	0	LG≃\$18 SM=\$9	\$18	\$	0
INDEPENDENT CLAIMS FEE	4	-	7	***	0	LG=\$84 SM=\$42	\$84	\$	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140							\$	0	
						1	TOTAL	\$	0

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.
- A fee in the amount of \$*** to cover the additional claims is enclosed.
- A check in the total amount of \$220.00 to cover the one-month extension of time and Terminal Disclaimer is \boxtimes enclosed.
- The Commissioner is hereby authorized to charge any deficiencies of fees associated with this \boxtimes communication or credit any overpayment to Deposit Account No. 50-1066. A copy of this sheet is enclosed.
 - Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
 - Any patent application processing fees under 37 C.F.R. § 1.17

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Respectfully submitted, MARTIN & FERRARO, LLP

Date: March 1, 2004

Thomas H. Martin Registration No. 34,383

1557 Lake O'Pines Street, NE Hartville, Ohio 44632 Telephone: 330-877-0700 Facsimile: 330-877-2030